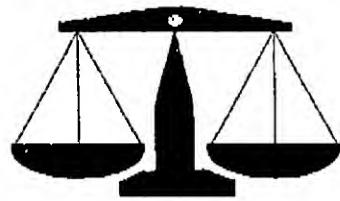


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To: Examiner Ralph A. Lewis
Art Unit 3732

From: Katie McCarthy, Patent Assistant

Fax: 571-273-8300

Pages: 23 (including coversheet)

Phone:

Date: April 24, 2007

Re: Response and Amendment
Patent Application 10/727,861
Ally Docket #LDC-913

CC:

Examiner Lewis:

Please find attached the following documents in connection with the above identified application:

- Transmittal Form (1 page);
- Amendment (13 pages)
- Extension of Time (1 page)
- Replacement Drawings (7 pages)

Best regards,

Katie McCarthy
Katie McCarthy
Patent Assistant

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FORM**

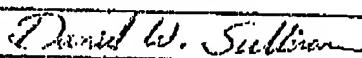
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Total Number of Pages in This Submission

Application Number	10727,861
Filing Date	December 4, 2003
First Named Inventor	Cull E. Metzger
Art Unit	3732
Examiner Name	Ralph A. Lewis
Attorney Docket Number	LDC-913

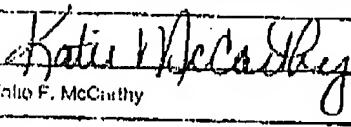
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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Firm Name	DENTSPLY International Inc.		
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Printed name	Daniel W. Sullivan, Esquire		
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